California MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

Volume 77 • OCTOBER 1952 • Number 4

Medical Care and Public Health Services

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• Medical care applies to the individual, and public health to the community. One is the concentrated application of diagnosis and treatment for the life, the comfort of a patient, and includes guidance in health as for motherhood, infancy, childhood and old age.

Public health services, provided by the community through its local government and the local department of health, are concerned with the prevention of diseases of all kinds. Some are controlled by sanitary authority, but the majority of preventable diseases are dealt with by public health education.

It is not the function of the health department to treat the sick. The family physicians, the hospitals and dispensaries provide for medical care. Medical care of the sick and public health protection are two parallel activities to make use of medical science, one for treatment, the other for prevention of disease.

AS THE SPEAKER at the annual Ether Day celebration at the Massachusetts General Hospital in October 1915, I first ventured to express a point of view upon preventive medicine and its dependence primarily upon personal services of the family physician which you now ask me to develop 37 years later on the other side of our continent which calls the Pacific Ocean its last frontier.

There remain today, I believe, still critical and effective, the same distinctions and definitions to determine the relative functional necessities and usefulness of medical care of patients and the services of the local health department to the community.

What I mean by medical care is that entire range of applied science and the arts of medical practice included in the three words, *diagnosis*, *treatment* and *prevention* of disease—that is, medical science and art applied to the individual, who is sick, or fears he may be sick or wishes to preserve his health.

I know of no more comprehensive duty or privilege than that of the physician called upon by family or individual to bring relief from the presence or fear of pain, suffering or disability to a person or household that seeks his skill and sympathy and offers every useful aid and collaboration.

This constitutes the substance of medical care. All skills and resources commanded by the physician are focused upon the one and unique person, his patient.

Guest speaker's address: Presented before Second General Meeting at the 81st Annual Session of the California Medical Association, Los Angeles, April 27-30, 1952.

In spite of multiple births of identical offspring, we know that Nature never repeats. Biologically and genetically each of us is but one expression of an infinite variety of patterns of body, mind and emotions. Disease and its symptoms are at least equally varied. The aim of the physician is to recognize any deviation from the optimum of structure and function, to understand causes and results of the protean exhibits of disease, anxiety, despair, injuries of the

body and spirit of man, to relieve at least, cure if possible, and as promptly as may be to restore the ailing person to all the satisfactions of life of which he may still be capable, not forgetting to explain what the physician knows and the patient can understand of the preventable factors of his sickness to be avoided in the future.

Less often but fortunately with greatly increasing frequency the physician today is called upon to plan a way of healthy living for babe or mother or grandparent, to apply his knowledge of physiology rather than his pathological acumen. In entire absence of pains or aches in his patient, the doctor lives up to his name as teacher of the laws of right living, to offer a plan of health, to encourage not only the science but a philosophy of preventive medicine among his fellows, and promote a spirit of devotion to the truths of human biology in the hope that much disease will be by-passed and health be more often a continuous and happy experience.

This is medical care, curative and preventive, and personal in its application, whether provided through group or institution or agency, through services of the lone practitioner or by the assembled skills of several. The essence of this is the uniqueness, the personal quality of the need or demand for care and the individual characteristics of the professional attendance concentrated upon the one and only problem of instant importance, the better or continued health of a patient.

This it is that we as the medical profession are in full cry to preserve, to protect, to develop and make so nearly universally available as the servants and the served, time, circumstance, distance, transport and other resources permit. This is the medical care we believe to be best, or perhaps only possible, on the basis of mutually sought and offered services between the licensed practitioner of medicine as a free agent and the parent or child, workman or employer, rich or poor, who is in need of the doctor of his choice.

It seems to me improbable that any substitute for such personal medical care can be developed through the mechanism of civil or military government by the compulsion of laws, or in the presumed interest of economies or uniformity of distribution.

That we have not achieved such a medical service utopia nationwide is well known to all physicians, but we are further on the way than the most optimistic of us hoped a generation ago and there seems no doubt in popular opinion that some pattern can be offered which will hasten the goal and raise our sights to the very best medical care which we see here and there achieved chiefly through the obstetrician, the pediatrician, the internist and the general family physician.

In my opinion it has been in our country through the broadening superiority of medical care that most of the gains in life expectancy, increasing longevity and betterment of survival at every decade of life have been achieved.

Please hold this rather crude and hasty sketch of medical care in mind while we think through the meaning of public health services.

With emphasis on *public* we can best think of those sciences, educational disciplines, authorities under the law and popular informational services which can be made effective only by governmental agencies and voluntary organizations developed and authorized primarily for the prevention of disease and for demographic and social purposes rather than for the benefit of the sick individual.

If we subscribe to the wise and tolerant democracy of Abraham Lincoln, we can well recall his words of nearly a hundred years ago:

"The legitimate object of government is to do for a community of people whatever they need to have done but cannot do at all or cannot do as well for themselves in their separate and individual capacities. In all that the people can do as well for themselves the government ought not to interfere."

Would that some measure of this philosophy prevailed in Washington, D. C., today.

Permit me then to apply this simple and understandable criterion to the problem, the question, the discussion of the necessity for government to undertake the application of the sciences of preventive medicine.

The purpose of a public health service (and we shall for the moment consider only local jurisdictions within the structure of our sovereign states and not the field of national and international health organizations and functions) is to protect a community, a group of people, served by their own elected civil government, against the known preventable diseases, to control environmental factors for the safety and wholesomeness of life, and to provide leadership and authoritative direction in education of the people in any and all matters affecting their health. As Dr. Henry J. Bowditch of Boston wrote in 1876: "The study of the prevention of disease is the only branch of medical learning which the state can legitimately undertake. The practice of medicine and surgery and the appropriate use of drugs must be left to medical schools and to private practitioners of medicine. The state, as a student of the causes of all diseases, only supplements, and indeed nobly supplements, them."

Public health services consist of the application of the sciences of preventive medicine under government or with its approval for social or community ends.

It is such services that have brought benefits of wide variety and deep importance to contemporary society and have made possible the amazing tri-

umphs of productivity, of prosperity, of cultural and economic progress which we see about us. It is by using the resources of the community, of local government, of the authority of statute law and local ordinances to supplement the efforts of private medical practice that the public credit and popular esteem for public health officers and departments has been so commonly earned and well justified.

There is no gratitude comparable to that shown by the mother to her doctor for saving the life of her child. Something akin to this, but less often understood and declared, is the confident trustfulness of a community in the protection against pestilence, against sanitary hazards, and in the utterly unselfish timely warning of any preventable factor of environment, season or circumstance of employment given by the health officer to the people he serves.

BASIC FUNCTIONS OF A HEALTH DEPARTMENT

To a gathering of any physicians and especially to such as have shared in the promotion and development of the kind of local health services that reach 95 per cent and more of the people of California, it should not be necessary to elaborate upon the basic required functions of a local health department. Suffice it to remind you that each of the half dozen principal duties of a local health department has been so long and so widely tested as to usefulness, methods, costs and results that there can be no controversy as to their proper place among the functions of any jurisdiction of local government that presumes to represent universal suffrage and the taxpayers. These basic functions have been included within the scope of local government for a scant hundred years, while the sphere of the physician in medical care has been broadly comprehensive and consistent in its expansion for more than a thousand years.

Briefly let it be said that only those services are usually offered by or required of a local health department which can not be done by physician or patient in their private capacities or by an organized voluntary community resource, or have been assigned to some other more appropriate executive branch of local government. There are many instances where functions other than those essential for public health have been assigned to the local department of health. These may constitute a threat to the administrative integrity of the local health department.

Registration of births, notifiable diseases and deaths; isolation, quarantine, and in certain situations immunizations, and examination to discover unreported or unsuspected cases of communicable disease; public health laboratory services both optional and required, for diagnosis, analyses and epidemiological inquiry; sanitary supervision and enforcement of standards of cleanliness of persons, premises and processes, especially of perishable foods, and of the disposal of human and trade wastes, and the control of animal and insect vermin and pests and of the conditions of employees in industry and commerce—these four functions underly and express all the authoritative or compulsory functions of a local health department.

Two others of a quite different character and free from any taint of obligatory or law enforcing features have been of more recent origin (since 1912) and were at one time attacked by physicians. These are, here and there, still subject to local controversy as possibly an intrusion on the physician's province and an unwarranted invasion of the traditions of private family life and opinions.

Of these two functions of a modern local health department one is intended to bring an understanding and sound practice of maternity, infancy and child hygiene into every home where marriage, the prenatal state of an expectant mother, infancy, the preschool age, the school child through adolescence or into employment presents problems of social significance not commonly brought to the attention otherwise of the family physician. After some forty years of almost universal acceptance by physicians and local communities of the effectiveness and protective value of such maternal and child health services, as they are briefly called, it seems to me we may without cavil accept this educational effort in human biology as filling a permanent place in the public health picture and as basic for any intelligent and constructive plan to better the quality of the following generation and build bodies and minds and emotional maturity to meet the problems, the wear and tear, the trials, hopes and frustrations of the adult state.

The most lately developed of the building-stones of a sturdy structure of public health service is that of health education, the only other resource of a government agency to influence the people's manner of living besides the use of authority. The persuasive influence of teaching the truths of personal hygiene, both physical and mental, constantly increases while the police power, the strong-arm methods of sanitary ordinance and public health laws, is less and less resorted to.

These six functions of local health departments, four effective because of the weight of compulsion or force of law and two based on the enduring value of education in the principles of human biology, constitute the hard permanent core of a program for nationwide health without each of which no community can reap the best results of progress in the sciences of preventive medicine. These public serv-

ices supplement and reenforce the influence and advice of the family physician and his specialist colleagues in the case of the individual sick patient or healthy person seeking guidance.

From this point onward and beyond into a broadening field of new projects of public concern, bordering on both medical care and public health, there are matters of principle and practice, fact and opinion to be considered.

If I am not mistaken, final and sound decisions in respect to some of these more recent interests will depend upon the definitions we agree upon and the differences of emphasis we give to at least three principal factors, namely individual versus collective facilities for medical care, education of both physicians and the community at large in the truths of human biology, and the assignment to the local health department of new duties perhaps equally or more appropriate for other departments of government.

At least the following fourteen objects of current public solicitude and professional concern are now either well established in the pattern of local health department functions or are being urged upon the health officer by influential and persuasive groups in his community that have very considerable funds to spend and have wide publicity and lay opinion to promote them.

1. Chronic sickness and disability in young and old.
2. Aging, its prevention and protection.
3. Rehabilitation of the physically and mentally handicapped.
4. Treatment of crippled and disabled children.
5. Rheumatic fever, prevention and management.
6. Cerebral palsy, prevention and reconditioning.
7. Multiple sclerosis, prevention and care.
8. Cancer, prevention, diagnosis, treatment.
9. Heart and circulatory diseases, prevention and care.
10. Mental health, guidance and protection.
11. Diabetes, detection and guidance.
12. Alcoholism, management of addicts.
13. Narcotic addiction, registration and control.
14. Infantile paralysis, treatment and rehabilitation.

Good administrative practice would seem to favor the concentration of all educational endeavors, which contribute to prevention and are not provided for the people in established educational institutions such as schools, colleges and universities, under the local department of health; institutional and custodial care of the sick and relief of indigency, dependency and delinquency under such agency as is already familiar with these necessary social duties, but certainly not the department of health; diagnosis and treatment of all variety of sick persons, other than those suffering from communicable or mental diseases, to be a function of medical practitioners or groups of them serving as at present in all variety of illness in their offices in general hospitals and in dispensaries. There is sound specialization in administrative medicine as in clinical medicine.

It is obviously of the first importance that any disease or group of aging, sick or disabled persons of sufficient number and condition to rouse public sympathy and active efforts is a proper subject for study, statistical, epidemiological, demographic and economic by the Department of Health of local, state or national government, to discover what if any are the preventable factors and how the knowledge of them may be put to work to reduce prevalence or disabling results or death from such diseases. Such studies do not require that the patients themselves be cared for by each local or state department of health, but can perhaps be best carried on by such institutions as are to be found in the National Institutes of Health. If we do not require constant concern with prevention by the Department of Health, we shall find the insistent demands of the sick diverting the slender professional resources of this department into directions for which health officers and their staffs were not trained and for which other physicians, nurses and medical institutions are much better qualified.

The care of the chronic sick and disabled, and of the aged, the rehabilitation of amputees and hemiplegics, the training of industrially crippled for reemployment, management of chronic heart and arterial disease, radiation and surgical therapy of cancer, orthopedic and other care of crippled, disabled, rheumatic and cardiac children, the alcoholic, the diabetic, the postpoliomyelitic paralytic, the cerebral palsy and multiple sclerosis patients all require the skills of the appropriate clinician and the assembled facilities of the general hospital, of the local community, region, base or university medical school areas as do other categories of the sick. The community hospital, *general* in fact as well as in name, is more appropriate as the agency for medical care than is the local health department.

It is for the health department to study the phenomena, the natural history of disease as it is expressed in groups of people because of some common factor possibly preventable. Then when anything is learned likely to be of value, the story should be told to the doctors and patients, the ways of prevention if any should be demonstrated or provided and the people be persuaded to make suitable provision for the care of those sick who need treatment in their homes or in appropriate institutions. The health department can well be, and generally is, the

guiding community influence and can show the need and possibilities of remedy of preventable factors of disease and injuries without itself being charged with the operation of hospitals and dispensaries or with the care of the sick individual.

The field forces of the department of health are likely to be able to discover by routine visits to families and households, shops, schools and other occupied premises unsuspected cases of the disease under inquiry, whether of cancer, mental or occupational disease, diabetes or other disability. The organization of office and field personnel and equipment is certain to be needed and to be the major factor in systematic search for diseases of insidious development such as diabetes, cancer, and heart disease wherever the state of public opinion and medical cooperation make mass surveys acceptable and welcome. Few social and medical techniques have been so productive of knowledge of the amount, character and location of certain categories of diseases of nutrition, tumors, heart disease, tuberculosis and syphilis as have the systematic community and regional surveys made cooperatively by the medical profession and the health department.

SCREENING TESTS

The effort to screen a large part of the community by several routine production-line diagnostic or descriptive tests is but a passing phase of technological gadgeteering which leaves the patient uninformed and the physician to whom the report of findings is sent, forced to repeat most of the work with a history sheet in hand. As Dr. Wilson G. Smiley[5] so clearly stated in his address before the Southern Tuberculosis Association, September 10, 1951, "Multiple screening is inferior medicine, poor, slipshod, shortcut medicine and furthermore poor public health." However, there may be some promotional value in the so-called "multiphase screening" which will persuade many people to seek a really adequate health examination from their own physician who knows their performance in sickness and health and can give due consideration to the significance of minor deviations from normal.

It is well for physicians with a family practice to remember that the process of preventing large numbers of illnesses that used to call for much medical service has in all instances resulted in an increase in medical demand in other directions. The survival of a multitude of infants, young children and youth from the acute infections has at least trebled the proportion of people over 65 who need medical assistance throughout the lengthening years.

As I see it there is nothing in the prospect of local health services at all likely to reduce the demand for competent practitioners of medicine in increasing numbers everywhere except perhaps in the already oversupplied cities of the country. Every advance in preventive medicine adds to the opportunity of medical care by the family physician and ties the health department more closely to the ambitions of the community for social progress.

The deciding voice that will determine the future direction and character of medical care undertakings and public health services will be that of the consuming public, the people who demand the product which medical education and license to practice have entrusted to us as physicians.

The same consuming public through its elected officers of local government, city or county, agricultural or industrial will decide what services it will demand from and assign to the health officer and his organized team of associates, engineer, nurse, educator, dentist, veterinarian, laboratory and statistical technicians.

It is quite beyond all reason and more than improbable that any state legislature or the Congress will seriously consider legislation which would hamper local government in the free exercise of its established right to demand and support public health services of a nature and extent to satisfy its particular ambitions for protection against the hazards of preventable disease and the vicissitudes of illness for which we have neither preventive nor curative measures. No minority of citizens, medically educated or other, can prevent local government from determining its public functions.

We in this country have chosen a way of life of infinite variety and left the choice to the voice of the majority. It is quite distinctly the responsibility of the medical and associated professions to make clear to the public the scientific basis for the care of the sick and for health protective services. There is no greater danger facing our nation than a confusion and controversy of facts and opinions as to the best way to invest shrewdly and reap increasing dividends from the stock of knowledge accumulated by the sciences of preventive medicine and waiting to be implemented through the resources of individuals and society as a body. The progress of science will set at naught any plans or pressure for legislative limitation of the scope and functions of public preventive medicine.

There are a few and well tested social devices to bring common understanding as to the application of medical care and public health services, the methods, costs and results. It is time that we applied these to this unfinished business. The elements appear to me to be of three kinds, local government with its executive department of public health, community health councils representative of educated public opinion, and the local medical society with its membership organized to study local medical needs and

resources for care of the sick and for public health. Comparable elements are desirable on a state basis.

Until there is substantial organization of public health departments at the local and state levels of government and a good variety of experiment and experience among them, the vague and mostly political platitudes offered as "national health plans" either by federal government spokesmen or by nationwide professional bodies are of no serious import and lack reality or competence. We have today no national plan for medical care or public health services worthy of the name, and are not likely to have any until we have applied ourselves successfully to the solution of some of the simpler problems of the home-town, the county, the state district, trade area or transportation centers of our country.

Instead of the potentially 150,000 local health jurisdictions in the 48 states, we need about 1,500 as the maximum. We have now about 1,200 authorized and mostly organized under full time trained medical officers of health. In six states all the population and area is included within such local health units. In ten more states 90 per cent or more of the population is so served; in seven additional states between 75 and 90 per cent of the population is served. And yet some 27 per cent of our people (approximately 40,000,000) live in communities lacking full time professionally qualified health direction and most of the basic health services. For less than 5 per cent of the people of the United States does the staff of the local health department meet the minimum desirable ratio of doctors, nurses and sanitarians in proportion to the population for good local health service.

There is a state health department in each state, in all but two instances committed to the policy of local health jurisdictions as the basis of total nationwide coverage.

In 33 states and 1,100 local jurisdictions there are representative health councils.

In all states and in most of the 3,070 counties there is an organized body of physicians.

If it were not for the duplicating and competitive construction of Veterans Administration hospitals and the reduction in the amount of federal grants to help the less favored local communities of our states to complete their respective programs of hospital building, we should now be almost abreast of the civilian need for general hospital beds. We need many more beds for the humane and competent care of the mentally ill. The margin between estimated desirable number of beds for tuberculous patients and those actually available grows steadily less and in another ten years we may well find that reduction in cases of this disease and improved methods of treatment in and out of hospitals, with shorter periods of necessary separation of such patients from their families, may at last close the gap and permit some diversion of beds in these hospitals to patients in other categories of long time illness such as arthritic, neurological and cardiac disease.

PERSONNEL SHORTAGES

Increase of the ratio of physicians to population is assured by the acceptance and graduation of more medical students than has been practicable before. If we are spared the calamity of war and the continued drain of physicians from civil life to meet the needs of the military establishment and for loan to countries and peoples far and wide around the globe who still lack the knowledge and skills our physicians are able to take to them, we shall in the foreseeable future be able to provide for what may be called the normal demands for personal and institutional medical care of an increasingly competent quality.

The most serious threat to good medical care particularly in hospitals is the continuing and distressing shortage of registered nurses. Remedies for this situation are being sought through changes of educational policies and replacement of the registered trained nurse in many hospital positions by the less well prepared practical nurse and nurse attendant, but an easy and early solution is not yet assured.

The picture of public health services is much less favorable because of the even greater shortage of physicians, nurses, sanitarians and health educators, the major factors being the demand for such trained personnel by the federal government, voluntary health agencies and industry, and the lower salary scale offered by local and state governments that find it difficult to recruit and hold physicians and nurses in civil service employment or subject to merit system qualifications in competition with the much higher earnings possible in the clinical branches of medicine and in federal service.

It is probable that all but the most sparsely settled and impoverished areas of our states would soon, within five years, be organized and operating their local health units if they could obtain the medical, nursing and other professional personnel necessary to do a good job of public health service. Inflation and the national defense preparedness effort have caused serious delays in the attempts of the past ten years to achieve total coverage of our population and area with adequately staffed, directed and financed local health departments.

The demands by organized society and local governments for the benefits of modern medical science cannot be denied. Whether we as physicians or patients wish it or not, we are inextricably involved in a revolution of human values in which the importance of the individual, the family, the social outlook

of the community have assumed colossal proportions. The general public has been heavily oversold by many voluntary agencies with a disease hobby.

They want medical care for the sick, early, prompt, skilled, sympathetic and at a cost within collective resources through prepayment plans if not always by the individual patient's means at the time of the physician's service. The public wants its local government and its voluntary social resources welded into an instrument for the prevention of disease, the protection and promotion of health.

Our role as physicians is to know the needs and possibilities of service to the sick and the healthy as well as to recognize the quality of social pressures, sometimes misdirected and misled. We must be aware that we know more than we put to work of the causes and prevention of diseases, and we dare not underestimate the danger that the people in their haste and ignorance may take the management of medicine into their own hands to our profession's ultimate confusion, and to the public's loss.

As the hospitals and their outpatient departments and organized professional staffs and the office and home visits of physicians serve the sick and carry on a continuous process of *personal* preventive medicine, so the health department and its team of associated professions under medical leadership deal with preventable diseases *wholesale* and protect the mass of the community against hazards of personal contact, of environment, inheritance, occupation and the accidents of a complicated and strenuous life. The hospital and the health department are twin symbols of the community's concern with the application of the sciences of medicine to the comfort and safeguarding of the people, whose health is the only permanent wealth of nations.

Medical care, as I understand it, is the chief purpose of the physician sought by the sick and by the well for personal individual benefit. At best, it is a long continuing relationship through many years of observation with consecutive record of experience of the episodes of illness and of performance of the body, mind and emotions in health. Medical care calls for a variety of cooperative professional skills, for diagnosis, treatment and prevention of disease. Institutions and agencies devoted to medical care have grown great and given incalculable benefit to generations across our land without any dependence upon or administrative relationship with local health departments. Social evolution and demand may alter this pattern of medical care, but any radical change from the tested and trusted personal and direct responsibility between patient and physician, which has been productive of much of our national good fortune, should be subjected to competent examination before adoption.

Public health services to be effective do not need to include care of general sickness. Prevention of disease at wholesale through civil government by education and sanitary authority is the special distinctive function of local and state health departments. Only where the resources of the community must be enlisted to make preventive measures effective should a new public health function be added to the basic services everywhere recognized as necessary. Without the local health department, the structure of state and nationwide public health administration is likely to be wasteful and ineffective. Not primarily the *person* but the *community* benefits from local health services which will always be best when supplementing, not replacing or competing with the private physician.

There need be no rivalry between the medical profession and officers of public health except in the process of doing their respective jobs in the closest cooperation. Neither legislatures nor the courts will hinder the freedom of the physician to expand his conquest of sickness nor limit health departments in extending their duties to new realms of preventive and constructive public health if each of these partners in the sciences of medicine respects the other's superiority and special competence and the two together devote themselves without stint to the public interest.

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